

THE  
Present State of Medicine  
IN SHEFFIELD.

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AN  
INTRODUCTORY ADDRESS,  
DELIVERED AT THE SHEFFIELD SCHOOL OF MEDICINE,  
OCTOBER 1st, 1866,

BY  
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WHEN Benedict XII. was told that he had been elected Pope, he turned to the Cardinals and said, "You have chosen an ass." Now I do not wish to be disrespectful to the learned council of this school, but I must say that I think they have not selected the wisest and most able man they could find to deliver this introductory address. However, as the task has been set me, I will endeavour to perform it honestly, if I cannot do it ably and well.

Perhaps it would not be uninteresting or unprofitable were we to turn our attention for a short time to the present state of medicine in this town. I am aware in selecting this subject (the first which presented itself to me) I have chosen a path full of perils, and one in which I shall be sure to jostle against the prejudices, and tread upon the moral corns of many. Let me, however, at the outset say that my intention is not to point the finger of censure at any individual, but simply to describe as truthfully as possible the broad facts relating to our profession which every day meet my eyes.

Where shall I begin? Must it be with the quacks in the market place; and if so, with which of these—with the worm doctor and his bottles of long parasites—with

the dealer in prescriptions “sixteen for a shilling”—or with the vendor of pills “made from the beautiful camomile flower and other precious herbs.” I say shall we begin with these hangers-on to the skirts of a noble profession? Are these the lowest forms to be met with? No! These hard-talking fellows are not the worst quacks. They do not drain the pockets, poison the minds, and embitter the lives of ignorant dupes. Their gains are scanty and hardly earned; as I heard the prescription dealer say, “The biggest fool has the best luck, and the greatest rogue has the most custom.” These are not the biggest rogues nor have they the most custom.

We must look elsewhere for the lowest species of the genus Quack. You have no difficulty in finding him. He is not modest or retiring. On the contrary, he is constantly thrusting his dirty card into your fingers in the shape of a handbill. The walls everywhere speak to you about him, and saddest and worst of all, the press every day introduces him to you. The power he gains from this respectable introduction, no one can calculate. Everyone must regret that the laudable determination to exclude quack advertisements, made a short time since by many influential papers, was not more generally adopted. I am sure nothing would tempt the editor of a paper to stand at the shop door of a quack and distribute his filthy announcements to the passing croud, and yet for a pecuniary consideration he is induced to print and circulate barely-clad indecencies and statements which any but the most ignorant must know to be totally untrue. That the assistance thus afforded is duly appreciated by the quack may be seen by the number of columns which his advertisements occupy. But besides these, we see now and then a paragraph with “Advt.” after it, in which we find such passages as the following:



“When we find a lady and gentleman, possessed of almost unequalled talent, bestowing their valuable services in skill, time, and money, in restoring to health our poor sisters and brothers, we cannot say too much in their praise, and we trust that they may be spared to us many years to come, showering those blessings around which none but high skilful practitioners can impart.” The quack clings firmly to the arm of the editor, and is proud to be allowed to appear in such respectable company, and this is the worst form of quack. At home he exhibits bottles of worms, coloured anatomical diagrams, and disgusting wax models. He is subtle, cunning, unscrupulous, and pitiless. His vampire nature revels in the spoliation and destruction of his victim. He seizes upon the ignorant, morbid, and credulous, makes them believe they have diseases which they have not, and frightens and threatens them until the last penny is out of their pockets; and all this cruel system of extortion and terrorism he carries on beneath a cloak of benevolence and disinterestedness. It appears that some of these vagabonds are now obtaining diplomas, professing to be American, simply by paying for them. The authorities of the Royal College of Surgeons have directed the attention of the American minister to this practice, and it is to be hoped that something will soon be done to stop it. Most of you have doubtless seen the following advertisement in the papers lately:—“Diploma (Medical) to be disposed of, a great bargain.” This advertisement having been answered it was found that it came from an institution in New York. It was duly attested and signed, and a space left for the name of the purchaser.

Most quacks simply assume a medical title, and in spite of the Medical Act continue to practice as qualified medical men. The public in general know nothing about

the "Register," and have no means of judging whether a man's titles are real or not. In this town there is a herbalist who has the impertinence to place after his name upon his door plate the letters "M.B.," thereby leading people to believe that he is a graduate in medicine. Now these letters every one knows mean "Batchelor of Medicine;" but I have no doubt the herbalist if asked would say that he meant by them "Medical Botanist." Suppose an ambitious clod-hopper were to write after his name "J.P.," and when brought to task were to explain that he meant by them "Jack Pudding," the cases would be exactly analogous, except that the latter would display a want of modesty, whereas the former denotes a lack of honesty.

I shall not trouble you with any details of a large number of quack parasites who feed more or less upon the vitals of the medical profession. Such as water-casters, bone-setters, galvanists, cancer-curers, rubbers, water-curers, &c., &c., but shall, before I leave the subject of irregular practice, just for a moment glance into the druggist's shop and see what is going on there. There is a large sale of patent medicines going on there, and an indiscriminate sale of anodyne mixtures which ignorant and sometimes wilful mothers are killing their children with almost daily. There is a great deal of prescribing going on over the counter; and in the little back room not unimportant surgical operations are sometimes performed. I am inclined to think that our most formidable rivals are to be found behind the coloured bottles of the drug shop. The president of the Pharmaceutical Conference held two years since at Bath said, "Rich and poor of all grades do not hesitate to consult them in all sorts of difficulties, and obtain freely and gratuitously that for which a physician

or consulting chemist would charge a handsome fee.” Now it has been said with regard to this practice, that if the general practitioner would give up dispensing his own medicines the druggist would give up prescribing. I doubt this very much. For the last ten years, although practising as a general practitioner, my patients have always received from me a prescription, and have had to send to their own druggist for the medicine. I pledge you my word, gentlemen, that there has been no reciprocation on the part of druggists. No string of patients is to be seen thronging my door, sent by druggists as a token of their appreciation of the method I have adopted. When I go into their shops to write a prescription, or order medicine, I still hear the long list of complaints being poured forth, and on one occasion, which I shall never forget, I heard a bold elderly matron detailing to a young apprentice symptoms of a most delicate nature, and gravely asking his advice. Is it to be wondered at that these young men should in time gain great confidence in their medical knowledge. A proof of this occurred to me a short time since. Having written for a patient of mine a prescription much used by the late Dr. Rigby, she took it to the nearest druggist to have it dispensed. She saw the principal. He read it over and said he did not think much of it. Was the writer of it a regular practitioner? My patient said she thought so. Well, said he, “I think it is very weak. You might as well take so much water.” The next day my patient told me what had taken place, and I called upon the druggist and received an apology. No, gentlemen, the druggist would not give up prescribing even if every general practitioner were to discontinue dispensing. You may tax your minds and your purses, and pass through the long and arduous process of making yourselves legal practitioners,



but the druggist will still have the advantage of you. Before leaving this subject, however, I would wish it to be understood that I do not include all druggists in the same class. There may be some who mind their own business and stick entirely to their own occupation, and I advise medical men to select these as the proper persons to send their patients to when they require drugs.

I now come to the second division of my subject, viz., legal medicine. Have we then left quackery behind us now? I fear not. How many vagaries and quackeries are upheld by legally qualified practitioners, and how readily are the upper classes duped. Sir David Brewster says, "It is among the middle and upper classes chiefly that this credulity and love of the marvellous is most conspicuous. It is among the votaries of gaiety and idleness, who are incapable of continuous thought, and who have therefore no faith in those forces in the material world, and in those cosmical laws which are in daily operation around us." If this be true, I fear there is little chance of the present generation being emancipated to any extent from the thralldom of fashionable quackery. Perhaps a better education in natural science when young might enable the next to distinguish the difference between sober truth and impudent imposture. The question is sometimes raised whether the medical men who indulge in these quackeries believe and practice the wild theories they profess to act upon. I have reasons to believe that some of them at least do neither. I have had a patient come to me completely salivated, who declared that he had taken nothing but the small white powders given him by an Homœopathist. I have also in my possession now a letter from one of the most popular Homœopathic practitioners in this country requesting me to be sure not to forget to take ergot of rye



with me when sent for to attend his daughter in her confinement. His wife had died in child-bed, of hæmorrhage. With his daughter's life in one hand and a globule in the other, was it to be wondered at that the little particle of milk of sugar should appear insignificant and insufficient. From these two cases I think I am justified in saying that some Homœopathists neither believe nor practice the system they promulgate and profess. There will always be black sheep who will stray from the fold. Let them alone. Do not hunt them down. Perhaps they may come back again ; but if not depend upon it they have to feed upon thistley pastures, and are none the happier for being separated from the rest of the flock and without the protection of the shepherd.

Let us now glance for a moment at the Medical Institutions of this town—and first, at our medical charities. There are in Sheffield four charitable institutions at which the poor may receive medical advice and medicine free of charge. The Infirmary, the Public Hospital and Dispensary, the Hospital for Women, and the Eye Dispensary. Connected with these charities there are thirty medical officers, the larger proportion of whom are actively employed in ministering to the wants of the patients. The number of In and Out-patients attended annually by these gentlemen amounts to more than 50,000. In other words, to a quarter of the whole population of the town. Now, I believe it would be a just estimate were we to calculate that these patients, if attended at their homes, would have had to pay on an average not less than five shillings each. The medical profession of this town, therefore, are giving to its poor inhabitants no less a sum than £12,500 a year. Here is a large casting of the bread upon the waters. Do you find it coming back to you, gentlemen,

sometimes. I fancy you meet with a crumb of gratitude now and then, or a morsel of satisfaction at having safely piloted a difficult case out of the storm of disease into the harbour of health. But how often do you find that the said bread is entirely consumed, and nothing returned to you, or if anything, only a small sour crust of indifference. I suspect people have received advice gratis so long, that they have begun to look upon it as a right, and not as a boon deserving the deepest gratitude and thanks. We do not ask for money from the poor, but an expression of thankfulness cheers us and helps us on in the good work.

I fear this inappreciation of medical services is not confined to the lower classes. After the Bradfield inundation five medical gentlemen volunteered their assistance and acted as a sanitary committee. They spent a great deal of time, and underwent considerable fatigue in visiting from house to house the whole of the inundated district lying between Brightside and Malin Bridge. They inspected and reported constantly to the executive committee what they found wrong, and suggested proper remedies. The work thus performed was doubtless the cause of preventing the increase of the fever which at one time threatened to become general. In filthy back yards and muddy cellars these gentlemen encountered nuisances many of which had existed long before the flood. The work was neither easy nor pleasant. Surely the thanks of the town were due to them, yet when the general committee held its last meeting, and all the committees had thanks voted to them, the Sanitary Committee was passed over in silence. This state of things is not very encouraging. It makes one doubt almost whether we are right in doing so much for nothing. People receive our services as they do the light of the sun. If they were withdrawn for a time perhaps they would be better appreciated.

Besides the charitable institutions I have just been speaking of, there is a Poor-law medical service, the medical officers of which are scantily paid for the laborious and disagreeable work they have to perform. Here, again, we have the poor receiving medical assistance gratis.

We have, also, a Health Committee of the Town Council, who I believe are very active in clearing away nuisances and otherwise improving the sanitary condition of the town. Two of their number are medical botanists. I may be prejudiced, but it seems to me that it would be an advantage if the committee could have the advice of a properly qualified medical man to guide them occasionally.

With the exception of the gratis patients of private practitioners, we have now I think arrived at the end of the long list of recipients of gratuitous medical aid. Our profession may well be called a noble one, for there is none other which exercises to the same extent the virtue of practical and substantial charity. Imagine the lawyers being called upon to do five and twenty per cent. of their work for nothing, or the workmen of Sheffield to give up every day a quarter of their time and wages. Well, let us continue our good work cheerfully and ungrudgingly for

“ Seeking other’s good, we find our own,”

and let us endeavour to extend the charity we lavish upon others to one another. Charity should begin at home.

Let us now approach with mournful and silent steps the bedside of the moribund Medical Society of this town. The strength of this poor old institution has been declining for some years. Several consultations have been held for the purpose of resuscitating it, and several remedies have been tried. Having been visited only once a month, it was thought if the patient were seen every fortnight some-



thing might be done to revive it. But even this was of no avail, and as a last resource, a few kindly disposed medical men lodged it in their warm houses, and fed it every two weeks on tea, coffee, cake and muffins. I am sorry to say, in spite of all this kindness, it still remains in a hopeless condition, and I believe nothing but the united effort of the whole of the medical talent of Sheffield can save its life. But to speak seriously. Why are we so unsociable? How is it so few of our names are to be found upon the lists of members of learned societies? How is it the Medical Society of this large town is little more than a name? Every one says man is a sociable being. Are we not men? Are we cowards, who every day are fighting at close quarters with Death, and liable at any moment to receive from him a deadly wound? Is there any member of any profession who faces danger for a better cause or more fearlessly; or any profession which demands of its members more heroic and manly attributes. Why is it then, I repeat, that the ninety medical men of Sheffield forsake the assembling of themselves together? Is it indolence which holds us down in our arm chairs and will not let us leave our firesides? If so, what better cure could there be than the sight of a few active men recording the facts they have met with, and begging your assistance in solving the many difficulties which beset them? Would not the friction of mind against mind light up some sparks of emulation, and rouse in us so much interest as would make both arm chair and fireside sink into insignificance? But medical societies, says Sir James Simpson, "Are not only destined to spread professional zeal and information among their constituent members; they are destined also to promote professional good-will and genuine brotherhood amongst them. They are intended to cultivate the heart



as well as to cultivate the head,—to increase and deepen our feeling of professional fraternity and kindness, as well as increase and extend our stores of professional acquirements and knowledge.”

If it be not indolence which keeps us apart, what can it be? Surely such personal enmity cannot exist among us as the London druggist found in a country town.

“The good man thought it would hurt neither his health nor his interests to give ‘a little supper’ to the apothecaries of the town with whom he was in the habit of doing business. Bent on giving practical expression to this resolve, he sallied out from the ‘White Horse,’ and spent a few hours in calling on his friends—asking for orders and delivering invitations. On returning to his inn, he gave orders for a supper for twelve—as eleven medical gentlemen had engaged to sup with him. When the hour appointed for the repast was at hand, a knock at the door was followed by the appearance of guest A., with a smile of intense benovelence and enjoyment. Another rap—and guest B. entered. A. looked blank—every trace of happiness suddenly vanishing from his face. B. stared at A., as much as to say, ‘You be——!’ A. shuffled with his feet, rose, made an apology to his host for leaving the room to attend to a little matter, and disappeared. Another rap—and C. made his bow of greeting. ‘I’ll try to be back in five minutes, but if I’m not, don’t wait for me,’ cried B., hurriedly seizing his hat and rushing from the apartment. C., a cold-blooded, phlegmatic man, sat down unconcernedly, and was a picture of sleeping contentment till the entry of D., when his hair stood on end, and he fled into the inn-yard, as if he were pursued by a hyena. E. knocked and said, ‘How d’ you do?’ D. sprung from his chair, and shouted, ‘Good-bye!’ And so it went on till,

on guest No. 11 joining the party—that had received so many new comers, and yet never for an instant numbered more than three—No. 10 jumped through the window, and ran down the street to the bosom of his family. The hospitable druggist and No. 11 found, on a table provided for twelve, quite as much supper as they required.

“Next morning the druggist called on A. for an explanation of his conduct. ‘Sir,’ was the answer, ‘I could not stop in the same room with such a scoundrel as B.’ So it went straight down the line. B. had vowed never to exchange words with C. C. would be shot, rather than sit at the same table with such a scoundrel as D.”

This is doubtless an overdrawn picture, but I fear it contains sufficient truth in it to make it pass as a good story against us. Let us be thankful that the time has passed when medical men used to fight duels with one another, and that no such bloody scenes as that which took place between Dr. Williams and Dr. Bennet, in the last century, now occur.\* ’Tis true when we quarrel we still cut one

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\* “*‘The duel between Dr. Williams and Dr. Bennet was one of the bloodiest in the eighteenth century. They first battered each other with pamphlets, and then exchanged blows. Matters having advanced so far, Dr. Bennet proposed that the fight should be continued in a gentlemanly style—with powder instead of fists. The challenge was declined; whereupon Dr. Bennet called on Dr. Williams, to taunt him with a charge of cowardice. No sooner had he rapped at the door, than it was opened by Williams himself, holding in his hand a pistol, loaded with swan-shot, which he, without a moment’s parley, discharged into his adversary’s breast. Severely wounded, Bennet retired across the street to a friend’s house, followed by Williams, who fired another pistol at him. Such was the demoniacal fury of Williams, that, not contented with this outrage, he then drew his sword, and ran Bennet through the body. But this last blow was repaid. Bennet managed to draw his rapier, and give his ferocious adversary a home-thrust—his sword entering the breast, coming out through the shoulder-blade, and snapping short. Williams crawled back in the direction of his house, but before he could reach it he fell down dead. Bennet lived only four hours.’—“Book about Doctors.”*

another, but not with rapiers ; and many a home thrust is still given which takes longer to heal than the wound of a sword.

When we come to think of it, what a strange device this is we have of cutting one another. A. offends B., so B. cuts A. Ever after, when A. and B. meet, they are uncomfortable while they are approaching each other, still more so when they pass, and for some minutes after as they go on their way, the old quarrel bubbles up and works in their minds, every repetition of this process deepening the rancorous feeling, and rendering reconciliation more and more difficult. I have always thought it a great compliment to a man to cut him. It is a recognition of his importance, and an acknowledgement of the deep effect his conduct has produced. How much easier it is to smile, bow, and pass on, forgiving as you would be forgiven.

I suspect if we partook more of the character of Pachyderms it would be better for us. We are too thin-skinned and sensitive. In professional matters we are not sufficiently impersonal. Look at our sister profession—Law. Watch two learned council opposing one another. Why, gentlemen, sometimes it would seem as if nothing could keep them from coming to blows, and yet, the case over, you may see them walking jovially arm in arm, the very best of friends. This feeling is, I am happy to say, gradually extending to the members of our profession. A short time since, at a *Conversazione* held in the Royal College of Physicians, I was pleased to see two gentlemen talking amicably together who had every week, for some time, been fighting desperately in one of our periodicals.

Why should we adhere so pertinaciously to our own



opinions, and be so unable to bear contradiction without transforming ourselves into illnatured porcupines? “Mankind,” says James Stuart Mill, “can hardly be too often reminded that there was once a man called Socrates. This acknowledged master of all the eminent thinkers who have since lived—whose fame, still growing after more than two thousand years, all but outweighs the whole remainder of the names which make his native city illustrious—was put to death by his countrymen, after a judicial conviction, for impiety and immorality—of these charges, the tribunal, there is every ground for believing, honestly found him guilty, and condemned the man who probably of all then born had deserved best of mankind, to be put to death as a criminal.” Surely such a fact as this should make us modest in asserting our opinions, and tolerant in passing judgement upon the opinions of others.

Have we not also had a melancholy warning, in the sudden deaths, within the last few months, of no less than three of the most esteemed and learned gentlemen connected with the late school, that we have no time to waste in petty quarrels—no time to waste gazing upon storms in teapots—no time except for the patient, fearless, loving and honest prosecution of our most useful and glorious art. The motto on the front of our building is most appropriate—“*Ars longa vita brevis.*”

Let us now leave the subject of our Medical Society. You know its present condition, and it rests with you to decide whether it shall live or die. With more satisfaction we may take into our consideration the present state of the Sheffield Medical Library.

It has been said that you may judge of the character of a man by his library; so, also, may we form an opinion of the medical profession of any town by its public collec-



tion of books. Now, anyone examining our Medical Library, must at once be struck by the difference in the appearance of the volumes on its shelves. The larger proportion of them, it will be observed are old, dingy, and time-worn, whilst the rest are new, the titles of them still glittering upon their backs. Do we not learn from this that there has been a period of professional enthusiasm coexistent with the older books—that there has been a period when medical literary taste was dormant—and that of late there has been a revival. Yes! the dark ages of our Medical Library are past, and it is most satisfactory to see the renewal of interest which has lately been displayed.

At the Infirmary there is also a small library of interesting old books. I don't know how the issue of these is regulated. They would doubtless be of more service to the general profession were they kept in this building and allowed to circulate, subject to the same rules as those which regulate the distribution of the volumes belonging to the Medical School.

Some people despise old books. They might as well despise old friends, for they act towards them very much as old friends do. They will, if asked, tell you the experience of past ages. They will prevent you from making yourself ridiculous by publishing as new that which is old. I could point out many instances among our best writers in which this blunder has been made, but as I can find examples nearer home I will not expose them.

When a dresser, there was in my ward a patient who had a needle in her arm, and no one could detect its exact position. One day I suspended a magnetized needle by a fibre of silk, and by the dipping of its point when near the embedded needle, we were enabled to find out

exactly where it lay. I published an account of this method in the "Lancet," and found out a few years after that it was not original. It was first invented by Mr. Smee. Nine years since I published a paper on the use of gentian tents in dilating the uterine canal. Now I know that gentian root was used for dilating canals many hundred years since, and that Cooke, in his "Marrow of Chirurgery," published in 1685, actually recommended the use of both gentian and sponge tents when the inner orifice of the uterus is closed.

Let us not then despise the works of old authors, for "all that is true is not new," and without wishing to disparage modern writers, "all that is new is not true." Until the history of medicine is studied more diligently, we shall continue to see facts centuries old appearing dressed out in modern garments and strutting once more upon the medical stage, deceiving many. We cannot advance safely without a knowledge of the past. Without books, therefore, we must either lay ourselves open to adverse criticism, or remain indolent, and die without making a sign. With sorrow we see some of the oldest and most active practitioners, who must be collecting hoards of valuable information, working on from year to year without recording a single fact. Is it the want of a good medical library which is the cause of this? If so, let us work hard to improve the one we have. Let us learn to know a new fact when we see it, and having discovered it, let us promptly and proudly publish it, for what can be more gratifying than the discovery of something which shall at the same time bring both relief to mankind and honour to ourselves.

It is quite impossible for a young practitioner to supply himself with the necessary number of books to enable him

to carry out satisfactorily any inquiries he may be interested in. Let this last plea encourage all those who have no share in the Library to come forward and join its members in endeavouring to make it worthy of the town, and not a disgrace to ourselves.

Lastly, let us turn our attention for a short time to the Sheffield School of Medicine. "The king is dead. Long live the king." No sooner has one school ceased to exist than another rises up to reign in its stead. The history of the Medical School, like that of the library, points to a time when medical public spirit was very active in the town. In fact at one period so much emulation was there, that two schools were in full operation at once. Then came the reaction, and first one declined and then another. The last school had a very short existence. Only one year. Like an annual, however, in dying, it shed its seed upon fertile ground, and from that seed has arisen the institution which I have the honour of introducing to you to-day. It may be owing to my being a lecturer on midwifery that I have had this honour conferred upon me. At all events I take the little stranger into my arms with all tenderness and present it to you with my very best wishes. I think it has a healthy complexion and has every appearance of living, and being an honour to its parents. I am sure we may hand it over with every confidence to the seven experienced nurses who have been so kind as to undertake its care.

I was once told by one of the oldest lecturers in a provincial medical school that such institutions as the one I am speaking of are useful to the students and detrimental to the medical practitioners. That they are the means of introducing into the profession men of an inferior character, who could not otherwise enter, and



that these men, when qualified, stay in the town and become rivals of the lecturers. Now this argument must apply to all schools. In London as well as in the country. A town which is large enough to have a medical school, must have also constantly vacancies for fresh medical men, and I think we may trust to the stringency of the present examinations for the exclusion of the ignorant and incompetent. On the whole, the advantage is certainly on the side of the student. In a pecuniary point of view it is a loss to the lecturer, but as a matter of discipline it is an advantage. It prevents him from becoming indolent. It necessitates his keeping himself acquainted with the improvements of the day. It ventilates his knowledge, prevents him from getting rusty, and keeps his interest in his daily work ever fresh.

I doubt not but the present Council will do all in their power to ensure the success, and uphold the dignity of this school. One thing I am certain is of great importance, viz.—That there should be a cordial co-operation between its lecturers and the medical officers of the medical charities. Theory unwedded to practice must ever remain unfruitful and impotent. The lecture-room and the hospital-ward are the two hands by which alone the student can climb to eminence—the boat and the sail which are both equally necessary to enable him to pass smoothly and prosperously through the long voyage of his professional life.

To the students present, allow me to add a few words. You are about to enter a noble and learned profession for the purpose of getting a livelihood. I implore of you not to look upon it, or to work at it as a trade, as a disagreeable employment which you



must follow for a certain number of years until you have amassed a certain sum, and then to be discarded. Depend upon it if you have such a feeling as this you will never succeed, and you will only waste your time by attending the classes here. Is it public dignity, or social position, or political power that you want, neither of these will our honourable calling help you to. Although you be a graduate in medicine, the "literate" curate of the village will take precedence of you. The lawyer will get more wealth and the soldier more honour.

If you have not, therefore, a real love of the sacred art, abandon it in time. On the other hand, if you have a true love of science, and intend diligently to seek knowledge for the purpose of alleviating the sufferings of your fellow creatures, then do we most heartily welcome you. All that we know we shall most freely impart. Our discoveries are not patented, and we have no trade secrets. Labour to create for yourselves a sound and just medical reputation, and that reputation will be sure to bring you patients. "Make it an object with the public not so much to employ you for your interest and your advantage as to employ you for their interest and their advantage. Commit your fortunes to your medical knowledge and talents, and not to any empty mannerism, or any servility, or affectation, or singularity of conduct." Do not ape to be what you are not. Let your dress be quiet, as becomes the member of a learned profession. Let it be neither that of the London swell nor the country jockey. Let your conduct be independent, just, and fearless; and let every act be done as if the whole eyes of the profession were upon you. Discountenance quackery; but oppose it violently and you will only

increase its activity. Wherever you meet with it, leave it alone, and like a parasite fungus it will in a short time rot and die of itself.

Let a spirit of generous emulation encourage you, but should a brother practitioner outstrip you, do not indulge in malicious envy. Above all things be tolerant and forbearing. Curb your tongue when the cruel word is about to issue—"Speech is silvern, but silence is golden." Never hesitate to give or accept an apology, and as far as possible endeavour to live peaceably with all men. Let your motto be

"Cor unum, via una."

NOTE TO PAGE 10.

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I have much pleasure in adding that since the above was in type an explanation has been given by the Secretary of the Bradfield Inundation Fund, in which he says, “I can most certainly say the General Committee had no desire to pass any slight on the Sanitary Committee.”

ERROR.—Page 9: for “milk of sugar,” read sugar of milk.

